

LIST REQUEST ORDER FORM

Contact Telephone Number: () Mailing Address:	Name on Credit Card: Credit Card Billing Address:
(Credit Card Billing Address:
Mailing Address:	
	Card Number:
	Card Number.
	Exp. Date: Security Code: Amt:
LIST TYPE*: [] Dentists	[] Dental Hygienists
LIST SIZE: Full List \$100 (per type*) []	
Partial List \$50 (per type*) – choose one belo [] Northern Nevada (Includes counties: Washoe, Storey, Eureka and White Pine) [] Southern Nevada (Includes counties: Mineral, Esmeral)	Carson City, Douglas, Lyon, Humboldt, Pershing, Churchill, Lander, Elko,
New Licensee List (Basic mailing list format of [] 1(+) Month(s) - \$14 per month [] 1 Year Subscription - \$144	only) # of months ordered
 Basic Mailing List Name, mailing address and office tele Complete Mailing List 	et information, license information (issue & expiration dates and status),
RETURN LIST:	
[] By E-Mail in Excel Format to:	
[] By Mail, on CD in Excel Format t	to:

PERSONAL & BUSINESS CHECKS ONLY ACCEPTED IF YOU ARE A CURRENT LICENSEE

THERE IS A 7 TO 15 BUSINESS DAY PROCESSING PERIOD FOR ALL REQUESTS